

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: MENDENHALL TREATMENT PLANT
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
MENDENHALL VALLEY SERVICE AREA
JUNEAU, ALASKA 99801
ATTN: Scott Jeffers WW Utilities Superintendent

MAJOR (SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE
NOTE: Read instructions before completing this form.

Form Approved.
OMB No. 2040-0004
Approval Expires 05-31-98

Form Approved.
OMB No. 2040-0004
Approval Expires 05-31-98

AK-002295-1		MONITORING PERIOD		DISCHARGE NUMBER	
PERMIT NUMBER		YEAR	MO	DAY	NO. YEAR
		2008	7	1	2008
					7
					31

PARAMETER	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	VALUE	VALUE	VALUE		VALUE	VALUE	VALUE				UNITS
Turbidity	SAMPLE MEASUREMENT	*****	*****	****	*****	9.8	11.7	(43)	0	Continuous	RCORDR
	PERMIT REQUIREMENT	*****	*****	****	*****	MO AVG	Req. Mon. DAILY MX	NTU			
	SAMPLE MEASUREMENT	*****	*****	****	*****	2.9	2.9	(19)	0		
Dissolved Oxygen (DO)	SAMPLE MEASUREMENT	*****	*****	****	*****	18.2	18.6	(19)	0	Once Per Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	MO AVG	Req. Mon. DAILY MX	mg/L			
	SAMPLE MEASUREMENT	268	301	(26)	*****	30	60	(19)	0	Twice Per Month	COMP24
5-Day BOD	SAMPLE MEASUREMENT	*****	*****	****	*****	18.6	7.0	(12)	0	Twice Per Month	COMP24
	PERMIT REQUIREMENT	*****	*****	****	*****	MO AVG	Req. Mon. DAILY MX	mg/L			
	SAMPLE MEASUREMENT	301	*****	(26)	*****	45	*****	(19)	0	Weekdays	GRAB
Total Suspended Solids	SAMPLE MEASUREMENT	*****	*****	****	*****	N/A	N/A	(19)	0	Quarterly	COMP24
	PERMIT REQUIREMENT	*****	*****	****	*****	MO AVG	Req. Mon. DAILY MX	mg/L			
	SAMPLE MEASUREMENT	222	259	(26)	*****	15.0	16.0	(19)	0	Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	****	*****	30	60	19			
	PERMIT REQUIREMENT	*****	*****	****	*****	MO AVG	Req. Mon. DAILY MX	mg/L			
	SAMPLE MEASUREMENT	6.5	6.3	(12)	*****	9.0	*****	(12)	0	Weekdays	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Principal Executive Officer or Authorized Agent: *Scott Jeffers*
Name: *Scott Jeffers*
Title: *WW Utilities Superintendent*

Signature of Principal Executive Officer or Authorized Agent: *Scott Jeffers*
Name: *Scott Jeffers*
Title: *WW Utilities Superintendent*

907 AREA CODE
586-0393 TELEPHONE
2008 YEAR
August MO
8 DAY

ADDITIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: MENDENHALL TREATMENT PLANT
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: MENDENHALL VALLEY SERVICE AREA
JUNEAU, ALASKA 99801
ATTN: Scott Jeffers WW Utilities Superintendent

MAJOR (SUB 01)
F - FINAL
EFFLUENT

Form Approved,
OMB No. 2040-0004
Approval Expires 05-31-98

NOTE: Read instructions before completing this form.

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2008	7	1	2008

NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
0	Twice Per Month	COMP24
0	Once Per Month	COMP24
0	Twice Per Month	GRAB

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQ. OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	REQ. MON. MO AVG	VALUE	UNITS	REQ. MON. MO AVG			
Solids, total suspended	MEASUREMENT	259	(26)	*****	16.0	(19)	*****	0	Twice Per Month	COMP24
	PERMIT REQUIREMENT	1829	*****	*****	45	*****	*****	0	Twice Per Month	COMP24
	SAMPLE	292	(26)	*****	22.0	(19)	*****	0	Twice Per Month	COMP24
Nitrogen, ammonia total (as N)	MEASUREMENT	1164	1963	*****	29	48	*****	0	Once Per Month	COMP24
	PERMIT REQUIREMENT	MO AVG	DAILY MX	*****	MO AVG	DAILY MX	*****	0	Once Per Month	COMP24
	SAMPLE	*****	*****	*****	163	230	*****	0	Once Per Month	COMP24
Hardness, total (as CaCO3)	MEASUREMENT	*****	*****	*****	N/A	(28)	*****	0	Twice Per Month	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	MO AVG	DAILY MX	*****	0	Twice Per Month	GRAB
	SAMPLE	N/A	(26)	*****	N/A	(28)	*****	0	Twice Per Month	GRAB
Silver, total recoverable	MEASUREMENT	N/A	N/A	*****	N/A	(28)	*****	0	Three Per Year	COMP24
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	*****	0	Three Per Year	COMP24
	SAMPLE	N/A	(26)	*****	N/A	(28)	*****	0	Three Per Year	COMP24
Zinc, total recoverable	MEASUREMENT	N/A	N/A	*****	N/A	(28)	*****	0	Three Per Year	COMP24
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	*****	0	Three Per Year	COMP24
	SAMPLE	N/A	(26)	*****	N/A	(28)	*****	0	Three Per Year	COMP24
Lead, total recoverable	MEASUREMENT	N/A	N/A	*****	N/A	(28)	*****	0	Three Per Year	COMP24
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	*****	0	Three Per Year	COMP24
	SAMPLE	N/A	(26)	*****	N/A	(28)	*****	0	Three Per Year	COMP24
Copper, total recoverable	MEASUREMENT	0.269	(26)	0.273	18.4	(28)	19.9	0	Twice Per Month	COMP24
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	*****	0	Twice Per Month	COMP24
	SAMPLE	0.269	(26)	0.273	18.4	(28)	19.9	0	Twice Per Month	COMP24
Fluent Gross	MEASUREMENT	1.82	3.92	*****	44.5	95.8	*****	0	Twice Per Month	COMP24
	PERMIT REQUIREMENT	MO AVG	DAILY MX	*****	MO AVG	DAILY MX	*****	0	Twice Per Month	COMP24
	SAMPLE	1.82	3.92	*****	44.5	95.8	*****	0	Twice Per Month	COMP24
Fluent Gross	MEASUREMENT	1.82	3.92	*****	44.5	95.8	*****	0	Twice Per Month	COMP24
	PERMIT REQUIREMENT	MO AVG	DAILY MX	*****	MO AVG	DAILY MX	*****	0	Twice Per Month	COMP24
	SAMPLE	1.82	3.92	*****	44.5	95.8	*****	0	Twice Per Month	COMP24

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Scott Jeffers
Signature of Principal Executive Officer or Authorized Agent

907
586-0393
3007
August
8

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility name/Location if different)

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: MENDENHALL TREATMENT PLANT
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
MENDENHALL VALLEY SERVICE AREA
JUNEAU, ALASKA 99801
ATTN: Scott Jeffers WW Utilities Superintendent

MAJOR (SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE
NOTE: Read instructions before completing this form.

Form Approved.
OMB No. 2040-0004
Approval Expires 05-31-98

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2008	7	1	2008 7 31

PARAMETER	X	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	VALUE		VALUE	VALUE	VALUE	VALUE	UNITS				
Chlorine, total residual	SAMPLE MEASUREMENT	*****	4.09	4.09	(26)	*****	N/A	N/A	100	100	ug/l	0	QUARTERLY	COMP24
	PERMIT REQUIREMENT	*****	MO AVG	DAILY MX	lb/d	*****	100	MO AVG	DAILY MX	*****	*****	0		
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0		
Dilution Factor	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0		
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0		
0093 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0		
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0		
1010 K 0 0 OD-5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0		
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0		
1011 K 0 0 percent Removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0		
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0		
Chlorine usage	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0		
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0		
1400 X 0 end of Chlorine Contact Chamber	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0		
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0		
Oil and grease visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0		
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0		
4066 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0		
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0		
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0		
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0		
0000 1 8 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0		
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0		
0000 1 8 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0		
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0		

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature: *Scott Jeffers*
Scott Jeffers
PRINCIPAL EXECUTIVE OFFICER

907 AREA CODE
586-0393 TELEPHONE
2008 YEAR
August MO
8 DAY

CONCERNING VIOLATIONS-please see attached. The reporting period was from 06/29/2008 through 08/02/2008.
A Form 3320-1 (03-99) Previous editions may be used. (REPLACES EPA FORM 1-40 WHICH MAY NOT BE USED). 004241981209 1904 PAGE 4 OF 5

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility name/Location if different)

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: MENDENHALL TREATMENT PLANT
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: MENDENHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATTN: Scott Jeffers WW Utilities Superintendent

MAJOR (SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE
NOTE: Read instructions before completing this form.

Form Approved,
OMB No. 2040-0004
Approval Expires 05-31-98

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2008	7	1	

YEAR	MO	DAY
2008	7	31

PARAMETER	X	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE				
ecol coliform, MPN, EC med, 44.5 C	X	SAMPLE MEASUREMENT	*****	*****				(13)	0	Once Every Week	GRAB
		PERMIT REQUIREMENT	*****	*****							
		SAMPLE MEASUREMENT	*****	*****	****						
ecol coliform, MPN, EC med, 44.5 C	X	PERMIT REQUIREMENT	*****	*****	****						
		SAMPLE MEASUREMENT	*****	*****	****						
		PERMIT REQUIREMENT	*****	*****	****						

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Scott Jeffers
Scott Jeffers
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907
AREA CODE
586-0393
TELEPHONE
August 8
DATE
2008
YEAR
August
MO
8
DAY

EPA REPORT

MENDENHALL WASTEWATER TREATMENT FACILITY
Juneau, Alaska

WEATHER		FLOWS										INFLUENT				EFFLUENT											
DAY	DATE	TEMP F	RAIN FALL INCHES	SBR INFLUENT MGD	Mend River CFS	SBR FTL EFFL MGD	Receiving Water Dilution	SBR WASTE MGD	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	CU ug/L	CU LBS	HARD mg/L	TEMP °C	pH	D.O. mg/L	TURBID MAX NTU	S.S. mg/L	S.S. LBS	BOD		
SUN	29	53	0.01	1.91	1540	1.59	626.7 /1	0.0495		7.3																	
MON	30	52	0.03	1.96	1550	1.61	622.9 /1	0.0614	14.0	7.3									14.0	6.9							
TUE	1	56	0.00	1.84	2230	1.63	884.8 /1	0.0735	13.0	7.2									14.0	6.9							
WED	2	60	0.00	1.83	2360	1.59	959.8 /1	0.0834	13.0	7.3	4.7	210	2785	222	2944	19.9	0.264	96.0	15.0	6.9	2.9	10.7	14.0	185.6			
THU	3	62	0.02	1.83	2760	1.64	1088.2 /1	0.0785	14.0	7.4									15.0	7.0							
FRI	4	61	0.00	1.66	2830	1.55	1180.5 /1	0.0552	13.0	7.6									15.0	7.0							
SAT	5	61	0.03	1.79	2870	1.58	1174.4 /1	0.0558																			
SUN	6	53	0.93	1.95	2910	1.65	1140.3 /1	0.0651																			
MON	7	54	0.21	1.95	3310	1.69	1286.2 /1	0.0767	14.0	7.6									14.0	7.0							
TUE	8	48	1.55	2.30	3530	1.94	1176.5 /1	0.0867	14.0	7.3		166	2686	337	5453	16.9	0.273	230.0	14.0	7.0							
WED	9	49	0.25	2.43	2970	2.19	877.1 /1	0.0928	13.0	7.2									14.0	6.9							
THU	10	52	0.02	2.22	2220	2.10	663.9 /1	0.0961	13.0	7.4									14.0	6.9							
FRI	11	56	0.06	2.08	1790	1.79	647.0 /1	0.0978	14.0	6.9									15.0	6.9							
SAT	12	53	0.22	2.19	1850	1.89	633.3 /1	0.0751																			
SUN	13	56	0.02	2.07	1700	1.83	601.1 /1	0.0577																			
MON	14	56	0.00	2.05	1570	1.75	580.6 /1	0.0638	14.0	7.6									14.0	6.9							
TUE	15	56	0.03	1.98	1700	1.76	625.0 /1	0.0714	14.0	7.3									14.0	6.9							
WED	16	56	0.00	1.97	1680	1.70	639.4 /1	0.0824	14.0	7.0									14.0	6.8							
THU	17	54	0.02	1.97	1590	1.68	612.4 /1	0.1138	14.0	7.1									14.0	6.8							
FRI	18	51	1.90	2.22	2070	1.98	676.4 /1	0.0729	14.0	7.8									15.0	6.8							
SAT	19	53	0.39	2.49	2220	2.24	641.2 /1	0.0762																			
SUN	20	48	0.24	2.38	2180	2.17	650.0 /1	0.0546																			
MON	21	46	0.13	2.29	2190	2.03	697.9 /1	0.0614	13.0	7.0									14.0	6.5							
TUE	22	52	0.11	2.27	2280	1.99	741.1 /1	0.0685	13.0	7.1									14.0	6.8							
WED	23	51	0.13	2.27	2090	1.95	693.4 /1	0.0810	13.0	7.0									14.0	6.8							
THU	24	50	0.07	2.22	2110	1.90	718.4 /1	0.0746	13.0	7.0									14.0	6.8							
FRI	25	51	0.66	2.32	2020	2.05	637.5 /1	0.0831	13.0	7.0									14.0	6.7							
SAT	26	53	0.00	2.32	2900	2.11	888.9 /1	0.0838																			
SUN	27	50	0.52	2.29	3150	2.29	889.6 /1	0.0767																			
MON	28	51	0.06	2.24	2340	2.11	717.4 /1	0.0721	13.0	7.5									14.0	6.9							
TUE	29	57	0.00	2.18	2146	1.98	701.2 /1	0.0697	13.0	7.2									14.0	6.9							
WED	30	54	0.07	2.12	1990	1.89	681.2 /1	0.0670	14.0	7.1									14.0	6.9							
THU	31	52	0.27	2.28	2010	2.00	650.2 /1	0.0793	14.0	7.1									14.0	6.8							
FRI	1	55	0.06	2.15	2575	2.01	828.6 /1	0.0957																			
SAT	2	54	0.00	2.15	2280	1.92	761.4 /1	0.0736																			
TOTAL			8.01	74.17		65.78		2.6269																			
MAXIMUM		62	1.90	2.49	3630	2.29	966.8 /1	0.1138	14.0	7.8	4.7	210	2785	337	5453	19.9	0.273	230.0	15.0	7.0	2.9	11.7	16.0	258.9			
MINIMUM		46	0.00	1.66	1540	1.55	642.8 /1	0.0495	13.0	6.9	4.7	166	2686	222	2944	16.9	0.264	96.0	14.0	6.5	2.9	8.4	14.0	185.6			
AVERAGE		53	0.23	2.12	2271	1.88	761.7 /1	0.0751	13.5	7.3	4.7	188	2735	280	4198	18.4	0.269	163.0	14.2	6.9	2.9	9.8	15.0	222.3			

COMMENTS:
• GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES

July 2008	
Hrd. mg/l	230.0
Alk. mg/l	N/A
D.O. mg/l	2.9
Turb. NTU	11.7
Tox. TUC	N/A

July 2008			
Copper	19.90	ug/L	LBS
Lead	N/A		0.273
Silver	N/A		N/A
Zinc	N/A		N/A
NH3 mg/l	22.00		291.73

WEEK	WEEKLY AVERAGE		TSS	COU	WEEKLY AVERAGE
	BOD	TSS			
1	17.8	236	14.0	186	
2	18.6	301	16.0	259	
3					
4					
5					
AVG	18.2	266	15.0	222	
MAX	18.6	301	16.0	259	



CITY/BOROUGH OF JUNEAU
ALASKA'S CAPITAL CITY

Date: Aug. 07, 2008
Re: Sample duplicates July 2008
Permit: AK-002295-1

David Domingo
Environmental Protection Agency
NPDES Compliance Unit, OW-133.
1200 Sixth Avenue
Seattle, WA. 98101

Mr. Domingo,

As per permit, this month we had duplicate samples analyzed by our contract laboratory, Analytica Southeast.

On July 10, 2008 duplicate samples were delivered with the following results:

Influent : SS 158 and 166 mg/l, BOD 319 and 337 mg/l
Effluent : SS 16.0 and 14.0 mg/l, BOD 18.6 and 18.6 mg/l

On July 23, 2008 duplicate samples were delivered with the following results:

Effluent fecal coliform 20.0 and 24.3 col/100 ml.

For reporting purpose, the higher daily values were used

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SE 18 USC 1001 AND 22 USC 1319 (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 5 MONTHS AND SIX YEARS)

If you have any question or concerns please call me at (907) 586-0393

Sincerely,



Denny Kay
Mendenhall W/W Treatment Plant Supervisor

Cc: Sally Wanstall, ADEC
Joe Buck , Public Works Director, CBJ
Scott Jeffers, WW Superintendent, CBJ
File
DMR